		CITY/TO	WN OF				
TO THE LIG	CENSIN	NG BOARI	)				
The under sign							
respectfully pet	titions for	the transfer of	the alcoholic bever	ages license now e	xercised by the said li	censee at the fo	llowing address
		(If pres	ent licensee is a cor	poration, fill in the	following paragraph)		
		poration duly		e laws of the Comm	onwealth of Massach		fficers, director
FROM:			(PLACE AN * BEFOR	RE THE NAME OF EACH	H DIRECTOR)		
(1)	NAME)			(ADDRESS)		(S	HARES)
•		, President			<u> </u>		
		Treasurer					
		,					
		, Clerk _					
<del></del>							
		(If present	licensee is an indiv	ridual or a partners	hip, fill in the followir	ng)	*
FROM:							
4)	NAME)				(ADDRESS)		
stockholders, th TO:		is a corporat	ion duly organized res owned by each	under the laws of	ne following paragrap the Commonwealth, I DIRECTOR)	and its officers	s, directors and
		, President				<u> </u>	
		, Treasurer			,	<del></del> . <del></del>	
		, Clerk					
	(If the	proposed trai	nsferee is an individ	ual or a partnershi	p, fill in the following	paragraph)	
FROM:							
. (N	IAME)			(	ADDRESS)		
The above name o grant such tra		ed transferee	hereby joins in this	petition for transfer	of said license, and r	espectfully petit	ions the Board
SIGNATURE OF			its authorized repre	esentative. If a part	nership, all partners r	must sign.)	
SIGNATURE OF				esentative If a nart	nership, all partners r	must sign )	<u></u>